

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550364

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		2		1		1
4		2		1		1
5		2		1		1
6		2		1		1
7		2		1		1
8		2		1		1
9		2		1		1
10		2		1		1
11		2		1		1
12		2		1		1
13	1	2	1	1	1	1
14		1		1		1
15		1		1		1
16		1		1		1
17	1		1		1	
18		1		1		1
19		1		1		1
20	2			1		1
21		1		1		1
22	1			1		1
23	1					
24		2				
25		1				
26		1				
27		2				
28	1					
29	1					
30		2				
31		2				
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50						
TOTAL IND.					3	
TOTAL DEP.					17	
TOTAL CLAIMS					20	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						